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	Complete if known									
FEE TRANSMITTAL for FY 2005	Application Number 10/518,235									
for FY 2005	Filing Date				May 27, 2005					
	First Named Inventor				Per HANSSON et al.					
Patent fees are subject to annual revision.	Examiner Name				Fridie, Jr., Willmon					
☐ Applicant claims small entity status. See 37 CFR 1.27	Art Unit				3722					
TOTAL AMOUNT OF PAYMENT (\$180.00)	Attori	ttorney Docket No.			024445-533					
METHOD OF PAYMENT (check all that apply)					CALCULATION (continued)					
	ADDITIONAL FEES									
☐ Credit Card ☐ Money Order ☐ Other ☐ None		Large Entity		Small Entity						
☐ Deposit Account:	Fee	Fee	Fee	Fee	Fee Desc	ription		Fee		
Deposit Account Number <u>50-0573</u> Deposit Account Name <u>Drinker Biddle & Reath LLP</u>	Code	(S)	Code	(S)		_		Paid		
Deposit Account Name Diliker biddic & Reath EDI	1051	130	2051	65	Surcharge -	late filing fee or o	ath			
The Director is authorized to: (check all that apply)	1052	50	2052	25	cover sheet					
☐ Charge fee(s) indicated below ☐ Credit any overpayments	1053	130	1053	130) Non-English	h specification				
☑ Charge any additional fee required under 37 CFR 1.16 and 1.17	1812	2,520	1812	2,520		For filing a request for ex parte reexamination				
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1804	920*	1804	920*	Requesting	reexamination Requesting publication of SIR prior to Examiner action				
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EXTRA CLAIMS FEES FOR UTILITY AND REISSUE	1401	500	2401	250	Notice of A	ppeal				
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Total Claims * -20** = 0 X * = \$0	1403	1,000	2403	500	•	oral hearing				
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	1810	790	2810	395		ditional invention	to be examined			
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Large Entity Small Entity Fee	1802	900	1802	900		expedited examin	ation of a	-		
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1201 200 2201 100 Independent claims in excess of 3										
1203 360 2203 180 Multiple dependent claim, if not paid										
1204 200 2204 100 **Reissue independent claims over original patent										
1205 50 2205 25 **Reissue claims in excess of 20 and over original patent										
**or number previously paid, if greater; For Reissue, see above				-						
SUBMITTED BY CUSTOMER NO. 55694				Cor	mplete (if appl	icable)				
Name (Print/Type) Elaine P. Spector		Registration No. (Attorney/Agent) 40,116 Telephone 202-8			202-842-	2-8863				
Signature Claume V. Lecto						Date	December	15, 2005		



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Group Art Unit:

3722

Per HANSSON et al.

U.S. Application No.: 10/518,235

8.235 Examiner:

Fridie, Jr., Willmon

Filed:

May 27, 2005

Confirmation No.:

3612

Title:

CUTTING TOOL HEAD FOR A METAL WORKING TOOL

Commissioner for Patents U.S. Patent and Trademark Office Mail Stop AMENDMENT P. O. Box 1450 Alexandria, Virginia 22313-1450

INFORMATION DISCLOSURE STATEMENT

Sir:

The attention of the Patent and Trademark Office is hereby directed to the documents listed on the attached Form PTO-1449. A copy of each of the cited documents is attached, if required.

This Information Disclosure is being submitted after issuance of a first Office Action on the merits and after expiration of the three-month period following filing of the above-identified application, but prior to issuance of either a final Office Action or a Notice of Allowance. A check in the amount of \$180.00 is attached hereto to cover the fee set forth in 37 CFR § 1.17(p).

It is respectfully requested that the information be considered by the Examiner and that a copy of the attached Form PTO-1449 be returned indicating that such information has been considered.

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If any further fees are required in connection with this paper, please charge Deposit Account No. 50-0573.

By:

Applicants' undersigned attorney may be reached by telephone at (202) 842-8800.

All correspondence should be directed to the below-listed address.

Respectfully Submitted,
DRINKER BIDDLE & REATH LLP

Date: December 15, 2005

DRINKER BIDDLE & REATH LLP

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Elaine P. Spector

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Fax No.: (202) 842-8465

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FORM PTO-1449 (modified) To: U.S. Department of Commerce Patent and Trademark Office				Attorney Doc	Client Ref.									
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INFORMA BY APPL	ATIO	N DISCLOSURE	ST	ATEMEN	Va.	age	Applicant:	024445-533 Per HANSSON	et al.					
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		OCUMENTS	1	CE TRAD	1	/		Fridie. Jr., Willmo						
Examiner's		Document			Date Name			Cla	SS	Sub	Sub			
Initials*		Number				y Name of First Inventor)				Class		Filing Date (if appropriate)		
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FOREIGN	PAT	ENT DOCUMENTS									nglish		Translat	ion
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Examiner							Date Consid	lered:						

*EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP § 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant.

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